

Green  
9/5/01

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | MB       |        | 04-30-01 |
| O.I.P.E. CLASSIFIER       |          | WGW    | 5/18/01  |
| FORMALITY REVIEW          | CV       | 503    | 06-20-01 |
| RESPONSE FORMALITY REVIEW | VAP      | 110    | 9-24-01  |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date     |
|----------------|----------|
| Final Original |          |
| 1              | 2/20/02  |
| 2              | 10-12-02 |
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| Claim          | Date     |
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| Final Original |          |
| 51             | 10-14-03 |
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| Claim          | Date |
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| Final Original |      |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here